*20*05-003

LOUISIANA BOARD OF ETHICS

DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

I. MARGARET K	RASSO, residing	at <u>7.0.</u>	Box	727	MER	RYVILL	E LA 70653
(rame)			(Maili	ng Address, ir	nchiding C	itý & Zip Cod	ic)
do declare that :							
		1.					
on landary (**, 42	statement is made pursi ear)	uant to LSA	-R.\$, 42	:1119B(2)(b) for the	year begin	ning
\ -	,	2.					
That I am a Ch <u>MERRYVI</u>	ief Executive / Box	ard Membe	ज / Co tal Servi	mmissione ce District	er (circle / Public 1	e one) of Trust Autho	the aity
	this capacity since	5	12	200	3		
		(Month)	(Day)	(Year)			
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his spouse, and the Public Trust Author Name of Im	parents of his spouse, in parents of his spouse, in tity. The facts of such mediate Family Memb	ed by LSA-Fuses of his builded of hi	rothers, t by the d t are as f	he spouses lescribed H follows:	of his sis lospital S	ters, his pare ervice Distr	ente
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<u>NOTE:</u> These disclosure statements are due by January 30th of each year that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.